U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9/60	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Jeanette Feldhaus	Name Building and Construction Trades Council		
	Labor Organization File Number 010-042		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite B		
Street 1300 Pine Bluff Drive	Street 2300 Hampton Avenue		
City St. Charles	City St. Louis		
State Missouri ZIP Code + 4 63304	State Missouri ZIP Code + 4 63139		
5. Position in labor organization. Executive Secretary-Treasure			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
The state of the s	7.b. Amount.		
Street			
City	Here the second		
State State Zip Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
undersigned's knowledge and belief, true, correct, and complete. (See the s	section on penalties in the instructions.)		
Signed Signed State of the signed Sig	On Solution of Date Signatory and is, to the best of the section on penalties in the instructions.) On Telephone Number		

Name of Person Filing Jeanette Feldhaus	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	(America)	T OF THE PARTY OF	
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	S. Employer	The state of the s	
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Name			
Trade Name, if any:		Tributania de la companya de la comp	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	and process of the tradeous agreement of a state of the institute and agreement property of the depth of the depth of the institution of the institution of the contraction of the contr		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	grants and provide this professional and the design of the second of the	
Name The Lakin Law Firm	06/16/04 - Cardinal Game - Lakin	Suite	
Trade Name, if any:	***************************************	- Page of the first of the firs	
P.O. Box, Bldg., Room No., if any		чинд-дал	
Street 301 Evans Avenue		Dagophia	
City Wood River		h.S	
State Illinois ZIP Code + 4 62095			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$73	